

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4	1						54						
5		1					55						
6							56						
7		1					57						
8							58						
9	1						59						
10		1					60						
11		1					61						
12		2					62						
13		1					63						
14		2					64						
15		1					65						
16		1					66						
17	1						67						
18		1					68						
19	1						69						
20		1					70						
21							71						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	4					TOTAL IND.						
TOTAL DEP.	18	13					TOTAL DEP.						
TOTAL CLAIMS	25						TOTAL CLAIMS						